

2001 UNIFORM BUSINESS REPORT (UBR)

0001368 AF

DOCUMENT # **A26558**

1. Entity Name

THE DALE E. WOLFORD FAMILY LIMITED PARTNERSHIP-C

FILED

Principal Place of Business
**3500 TUSKAWILLA RD., SOUTH
 OVIEDO FL 32765**

Mailing Address
**3500 TUSKAWILLA RD., SOUTH
 OVIEDO FL 32765**

01 MAY -21 PM 12:33:33

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2890706**

Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WOLFORD, DALE E.
 3500 TUSKAWILLA RD., SOUTH
 OVIEDO FL 32765**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOT Registered Agent signature required when reinstating) _____ DATE _____

9. Capital Contributions as Shown on record. **\$21,560.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$21,560.00**

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE
 SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
 NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #
 NAME **WOLFORD, DALE E.**
 STREET ADDRESS **4083 BELLE MEADE COURT**
 CITY-ST-ZIP **CASSELBERRY FL**

STREET ADDRESS **3500 Tuskawilla Rd., S.**
 CITY-ST-ZIP **Oviedo, FL 32765**

DOCUMENT #
 NAME **WOLFORD, JACQUELINE D.**
 STREET ADDRESS **4083 BELLE MEADE COURT**
 CITY-ST-ZIP **CASSELBERRY FL**

STREET ADDRESS **3500 Tuskawilla Rd., S.**
 CITY-ST-ZIP **Oviedo, FL 32765**

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP **100004287381-0
 -05/22/01--01069--020
 ****229.67 ****229.67**

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STREET ADDRESS
 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: _____

Dale E. Wolford
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/25/01

Date

407-677-6000

Daytime Phone #

CR2E003 (11/00)